VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

09142 Reg. Diat. No. 202

1. PLACE OF DEATH:	2. VSUAL RESIDENCE (HOME) OF DECEASED:
City or town (If on side city or town limits, write RUKAL and give nearest town)	State Copinty Cou
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
	Street No.
ILLE RELLA	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) EULL NAME/	
Wellace C. Prosur	William C. Brown 3. (b) Social Security Number
5. Color or rage 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mac Marty	20. DATE DE DEATH. () () () () () () () () () (
B.(6) Name of husband or what Egg And Brane / Doce a	
B.(O) Name of nusuand of wife	21. I CERTIFY hat drain occurred on the date above stated; that a standed deceased from
7. Birth date of years	19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
deceased (mo., day, yr.)	and that I last eaw h. Challed on 19 49
8. AGE: Wars Months Days If less than one day	Immediate cause of death.
S. Adz.	Mel Carton 12
min.	
1/ Lautho 1/10 da	
9. Birthplace (Town,county, and state)	Due to.
the state of	A) Paco Telestos
10. Usual occupation	
11. Industry or business Lucyal Thomas	Due to
별 12. Name	Other conditions
\$ 13. Birthplace Jewn,	PRICE CANGILLARS
# Man 17/5	(Include pregnancy within 3 months of death)
14. Maiden name	Wel
15 Birthplace Jews	Major fiedings of operations.
11 1 00 15 1 (118 Y 2 (12/31) 1/	Date of op.
1B. Catormant	Actopsy results.
Address Alba Batom Med	PHYSICIAN: Please underlina the cause to which death should be charged statistically.
Burial	22. VIOLENCE: If death was due to external pluses, fill in the following;
(Burlal, cremation, or removal, Which?) Date thereof Oct. 24 1047 (month) (day) (year)	11 /13
(Burlal, cremation, or removal, Which?) (month) (day) (year) Cametery or crematory Chester Cemeter y	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Chestertown, Maryland	Injured at-home, farm, industry, public place (where?)
T Willia Wolla	
1B. Funeral director J. Willis Wells	Means of injury tnjuged at work?
Address Chestertown, Maryland	a Drule Ima
ad a da da	28. STGNATURE OF CAPITAL ALL STORY
19 Uct. Il 1847 Clara S. Barnes.	M. D. or other
(Date rec'd by registrar)	Address Date signed

OCT 23 1947 BE BEAT (S) A men rest to the state of the second

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09143 Reg. Dist. No 204

1. PLACE OF DEATH:	2. USUAL RESIDENCE (LOME) OF DECEASED.
County 7	MANTEN (call
City or town (If outside city or town limits write KURAL and give nearest town)	State County The August
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FUT NAME WISE CAT NIA	3. (b) Social Security Number
4. 4. 4. 5. Cotor or race 6. (absingle, married widowed, or divorced by Sound,	MEDICAL CERTIFICATION 20. DATE DE DEATH 07 3 9
Lary lanta Cutin	CL21. ACERT FY that death occurred on the date above stated; that I attended decaded from
6,(b) Name of husband or will	All het affruit on to tes 4th of wall
T. Birth date of	is District Cate as Deputy
deceased (mo., day, yr.)	Immedia ruse of the Profession . Self to thomason
8. AGE: Months Days If less than one day	Marion 14
6 T //hrsni	in. VV Castlo
9. Birtholace full to held	Due to
(Town, county, and state)	J. J. A. J. 1/a
10. Usual occupation	Due to Horce Decertes
11. Industry or businessagely on 45 T	7
12. Name La	Dither conditions
14. Malden name Dengraus Nobuse 15. Birthplace	(Include pregnancy within 3 months of death)
E Pa	Major findings of operations.
15. Birthplace	Date of op.
16. informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address ON The Town 1 and	22. VIOLENCE: It death was due to external causes, till in the following;
17 Bural Date thereof Oct 26 194	Accident, suicide, or homitide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did lajury occur?
Location Melitala Celsestetown de Sis	Injured at home, farm, industry, public place (where?)
18. Funeral directors albury Hessy	Moon's Ligiury ligitred at work?
t the	to det was to have that and
Address Chistiking Ma	- 23 shirts new / x 200.
10 Oct 26 10 47 J. Smith	Blook tom 41) MANVAN
(Date rec'd by registrar) Registr	or II Add to Date signed

OCT 28 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09144

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Kent	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town)	State MAY LAND County Red ()		
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)		
Kent and moen Climas (250)	Street No. Mear Rock Ha)) (If rural, give LOCATION)		
Now long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Lillian GAle			
Fomple White to Science (8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Jerrine Inder C. Service	20. DATE OF DEATH COLORS 19 77 . N		
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of Paragraphic Advances of Paragraphic A	and that I last saw h.C.T. alive on		
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death		
alor 71 min	Carcinomatosis, generalized, abdom-		
8. Birthpiace Rock HADD. Kent Md	- SMAL Smarth		
(Town, connty, and state)	Due 10.		
10. Usual occupation. LOUSE WG G	Due to		
11. Industry or business	_		
12. Name John L. GAle Mary land	- Other conditions		
	(Include pregnancy within 8 months of death)		
14. Maiden name ANNie Judefind 15. Birthniace Baltinone Maryloud	Major findings of operations GENEVA Liged Abdorg CNA		
15. Birthplace Baltimore, Maryland	CATEINOMATOSES Date of op. 9-26-47		
16. Intermant	Antopsy results		
Address (Meseletter (1) 7 12 112	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Bnrial, cremation, or remayal, Which) Date thereo (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Wesley Chafel	Where did injury occur? (City or town) (County) (State)		
Location block Nace help	Injured at home, farm, Industry, public place (where?)		
16. Funeral director	Means of Injury Injured at work?		
Address Church Hell med	and The T		
art 12 xx ale 10.	23. SIGNATURE M. D. or other		
(Date registrar)	Address Ches Br Town, Md hate stoned 10-10-47		

THE REPORT OF STADISTICS OF STADISTICS

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THE PERSON NAMED IN

OCT 14 1917 BUREAU VE

09145

2411 N. Charles St., Baltimore 1700

1. PLACE OF DEATH: County		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother). State		
How tong to hospital	or Institution?	ne	2.(a) it veteran, name war	
3. (a) FULL NAM Edward	E Arthur Gu	essford		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
lale	White	Single	20, DATE OF DEATH OCTOBER	18. 1947 11 11
7. Birth date of deceased (mo., day, 8. AGE: Yea	yr.) APPI.		and that lest saw h	le s Deputy Med. 19 Sent Co Md DURAN
10. Usual occupation. 11. industry or busines 12. Name	Truc Farm Charles Ddlawar Daisy He	ong Guessford e riven	Due to AutonAccident Dither conditions (Include pregnancy within Major findings of operations	
15. Birthplace 16. Informant	Delawa Charles Clayton	Guessford, Del.	Autopsy results	which death should be charged statistically.
Cemetery or Comments	Town	Date thereof	Where did injury occur?	(where?) Public Highway
18. Funerat director. Address 19. Oct. 22	ridalit	Edward Fellow	Deput Med E	kent Co Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

09146

CERTIFICAT	E OF DEATH	Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME)	OF DECEASED:
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland C	ounty Kell
How long in above place of death?	City or town Classification or town lim	its, write RURAL and give nearest town)
Hospital, Institution, or street address where death opcurred:	Street No Mar Folders	4
How long in hospital or institution?	2.(a) It veteran, name war	ve LOCATION)
3. (a) FULL MAME O or a - Didon - There	•	3. (b) Social Security Number
4. Spl) 5. Color or race (d.(a) Single, married, widowed, or divorced		CERTIFICATION
Temall cal manuel	6	16/47194721 238M
B.(b) Name of husband or ejectanuesce Olussia	21. I CERTIFY that death occurred on the date a	bove stated; that I attended deceased from
7. Birth date of Sc.(c) It alive, give age Sc. years		42-10 19 21-12 19-47
8. AGE: Years Months Days If less than one day	Immediate cause of death	
74 11 /3hrs. min.		Milie 944
9. Birthplace Delleman (Town, county, and state)	Due to Deursple	1944
10. Usual occupation. Skall and the state of the state occupation.	Due to Bland: Mcle	enia
11. Industry or business		
12. Name 12.	Dther conditions	
	(Include pregnancy within 8	months of death)
14. Maiden name Annie Charles Charles 15. Birthplace Charles Union 10.	Major fiediogs of operations	
16. Informal Awerica Olaria	Aniopsy results	
Address, - Chexhulaeox	PHYSICIAN: Please underline the cause to w	
(Burial, cremation, or removed, Wbich?) Date thereo Oct. / 8 47 (month) (day) (year)	22. VIOLENCE: It death was due to external ca	
Cemetery or crematory.	Where did injury occur?(City or town)	
Location Electedone RR my	(City or town) Injured at home, tarm, Industry, public place (1	
18. Funeral director. Paleany Heavy.	Means of Injury	Injured at work?
Address Chestertain med O	4 ~	n. 1
1001-18 147 7- W. Twith	23. SIGNATURE	M. D. or other
(Date rec'd by registrar) Registrar	Man electricom	" Bate stored /16 /4/7

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OCT 23 1947

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(Date rec'd by registrar)

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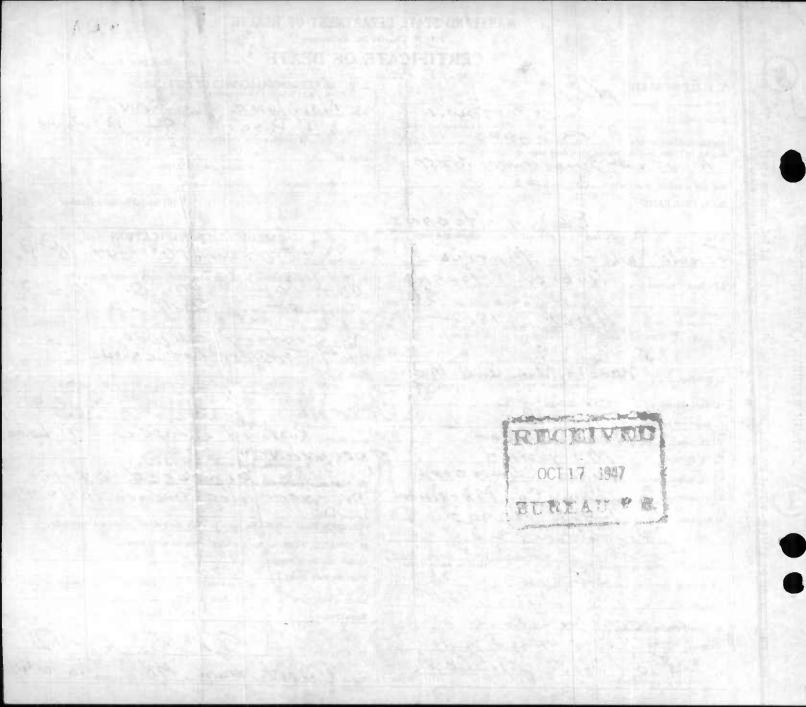
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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D	Dies	No	2	0	/	

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)
County	Man Jand Kent
City or town(If outside city or town limits, write RURAL and give nearest town)	(D. 40) (2:)) PAND
How long in above place of death? 3 hours	(if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
KenTow Guean HUNOS HOSP.	(If rural, give LOCATION)
How long in hospital or institution? 3 hows	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Evelyn Hogans	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Ferrile White Married	20. DATE OF DEATH October 10 19 47 at 10 PM
ch Hama of husband or with Aubrey Hoopins	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
6.(b) Name of husband or wite	Oct. 10 1947, 10 Oct. 10 19 7/
7 Right data at	and that I last saw he alive on Oct 10
deceased (mo., day, yr.) R ACE- Years Mooths Days It less than ooe day	Immediate cause of death
o. Auc.	Cespiratory failure
35 6 9nin.	due To projest Letic shock
9. Birthplace BArclay, Queen Queen Md. (Town, county, and state)	Due to
1	
10. Usual occupation	Oue to
11. Industry or business	
12. Name WA) ter Collier	Other conditions KupTored ectope ~ // how
13. 8irthplace MARY AND	PVENNAMC (Include pregnancy within 3 months of death)
14. Maiden name Annie Chambers	Major findings of operations. Rup tered establic
5 9 A Marila	
15. Birthplace man dune Co. 17 Hrypha	Preanny left Tree Bate of op. 10
16. Informant	Antopsy results
Address Chartsotown, leed.	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Bate thereot Oct / 3 (94.7) (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)	
Cemetery or crematory	Where did lejury occur?
Location Chestertown Medis	Injured at home, farm, industry, public place (where?)
18. Funeral director, BR Fellows	Means of Injury Injured at work?
04'11 20 12.1.	005.1 M.T.
Address Stell Tona Mar	23. SIGNATURE M. D. or other
19. Cot 13 19 47 Fine Collection Registrar	Address Clas Fry foun, Md Date signed 10-10-49



2411 N. Charles St., Baltimore

09148

CERTIFICATE OF DEATH

Dist No 200

/							
1. PLACE OF DEATH: Kent				2. USUAL RESIDENCE (HOME (For newborn infants give residence	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MATY LANG.		
	Moon	Masse	У	State	Couely Hent		
(If outs	ide city or town	limits, write R	URAL and give nearest town)	City or town			
How long in above place of	death?	r.emf.	orary				
Hospital, Institution, or sir	eet address wher	e death occurred	· 7	Street No	••••		
		None			give LOCATION)		
How long in hospital or ins	titulion?	None	· · · · · · · · · · · · · · · · · · ·	2.(a) If veleran, name war			
3. (a) FULL NAME	Frank	lin Je	etar		3. (b) Social Security Number		
11.000	. Color or race		e, married, widowed, or divorced	MEDICAL	CERTIFICATION		
Male W	hite	51	ngle	20 DATE DE DEATH OOT 38 7	1947 19 11 11P N		
				21. I CERTIFY that death occurred on the date			
6.(b) Name of husband or	wife*	**					
		6.(:) It alive, give ageye	" Did not tend III	restigatedDeath "		
7. Birth date of	Dece	mber 6	.1923	अक्षानिक कि कार्या के करा	e as Deputy Med. 19 Exam		
deceased (mo., day, yr.)	Months	Days	I It less than one day	Immediate cause of death	Kent Co. NO DURATION		
8. AGE: 13 Years	10	12		reacture Skull la	aceration left eye		
20	10	12	hrs	in. PIQCOUIC	hest and leg		
a Bistoriana T		202		Due to Lacera LLOIIS C.	Timediate		
9. Birthplace	emon.						
1D. Usual occupation		Farm w	ork				
	Far	mong		Jue to			
11. Industry or business	Edwal	d Jest	er				
12. Name	111			Other conditions			
	Dente	m Md.		(Include pregnency withi	n 2 months of doeth)		
14. Maiden name			on				
H 14. Maiden name			.031	Major findings of operations			
≥ 15. Birthplace		laware					
16. informant		d Jest		Aotopsy results			
	Middle	eton De	1	PHYSICIAN: Please ooderline the caose t	o which death should be charged statistically.		
Address			14 49-11	22. VIOLENCE: If death was due to externa	d causes, fill in the following;		
17(Burlal, egemetion, e			eof(month) (dey) (year)	Accident, suicide, or homicide	cident Date of Oct. 18.194		
(Burlal, egemetion, e	TY A	Ad ac	(month) (dey) (year)	Where did injury occur? Near Ma	ssev Md.		
Cemetery on-orematory:	No ra	1111-	- 2	(City or to	(County) (State)		
Totalian qua	mel Com	sale	non Out	Injured at home, farm, Industry, public place	e (where?) Public highway		
Location	40	1770		Many of injuro moules acider	It Injured at work? NO		
18. Funeral director	1, Alla			thank the	190 / 1		
Address Once	MALL	mur	- Del.	JARY 40	x 8/00 - 1000 665		
10 1		E	1 1/11	E. Schiller	M. D. or other		
19 Uct. 22	18.4.7	7 64	would Tellow	0 00 Tanta 40	me Date shall roly?		
(Date rec'd by regis	tror)		Regist	rar I MAGGIES	Date Signed and		

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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PLAINLY, V is especially i

WRITE

PLEASE

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BUREAT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			-1	-	.1
Reg.	Dist.	No.	2	P	4

1. PLACE OF DEATH: County	Street No. 90 orge town	
3. (a) FULL NAME arthur Les Journ	3. (b) Social Security Number	
4. Sex 5. Color or race 8.(a)Single, marfied, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Cololoz 17 19.47 at 300 P M	
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 47. to 19. 47. and that I last eaw halive on	
8. AGE: Years Months Days If less than one day 12	Immediate cause of death DURATION State of Cathering Due to Universe references	
10. Usual occupation	Due Io	
14. Malden name Rosessel General Vol	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.	
Address Address 17. (Buriai, cremation, or remove Which?) Date thereof (duy) (year)	Autopsy results	
Location & Lecture R. R. M. 18. Funeral director. Address Off Steeless O	Where did injury occur?	
19. Oct 18 1947 2 11 January Registrar	23. SIGNATURE CHEETE A DUNGARD M. D. another Rock Hall, Md. Date signed (4/1) x 7	

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OCT 23 1947

BUREAT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

09150

CERTIFICATE OF DEATH

Rog. Diat. No. 202

1. PLACE OF DEATH: Kent	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
600NIV	State Maryland County Kent		
City or town. Chestertown R.F.D. (If outside etty or town limits, write RURAL and give nearest town)			
How long in above place of death? Lifetime	City or town Chestertown (If outside city or town limits, write RURAL and give nearest town)		
Mospilal, Institution, or stroet addross whore death occurred:	Streot No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mary Groves Lamb	no		
Mary Groves Lamb 4. Sox 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white widowed	20. DATE OF DEATH October 12 1942 21/1.30 N		
Temale White widowed	20, DATE OF DEATH 1944 at // a		
6.(b) Name of husband or wife Francis D. Lamb	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from		
6.(c) If alive, give ageyears	19.40 10 19		
7. Birth dato of	and that I last saw h 2 alive on Det - 12 19.49		
deceased (mo., day, yr.) NOV. T9 T8.56 8. AGE: Years Months Days If loss than one day	Immediate cause of death		
90 IO 23hrsmin.			
	- Anc		
9. Birthpiace Kent County Maryland (Town, county, and etate)	Due to. Mye		
10. Usual occupation Housewife	Que to acute My ocars Lisa 10 bays		
	Due to Carre May Carre For		
11. Industry or business			
	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maidon name Sarah Schuster	Major findings of operations		
14. Maidon nameSarahSchuster	Bato of op.		
16. Informant Mr. Wm. Lamb (son)	Aptopsy results.		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Chestertown, Md. R.F.D.	22. VIOLENCE: If death was due to extornal causes, fill in the following:		
Burial Burial (Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?) (month) (way) (year)	Accident, suicide, or homicide		
comotery or cromatory Chester Cem.	Where did injury occur?		
Location Chestertown, Maryland	Injured at homo, farm, Industry, public place (where?)		
18. Funeral director. J. Willis Wells	Msens of Injury Injured at work?		
Addross Chestertown, Md.	First The		
	23. SIGNATURE M. D. or other		
19 Oct. 14 Clara S. Barnes. (Date rec'd by registrar) 1947 Clara S. Barnes. Registrar	Address Chealestone Dato signod /12/49		

OCT 16 1947

CERTIFICATE OF DEATH

60	2411 N. Charle	es St., Baltimore 456	
rect	CERTIFICAT	TE OF DEATH	Reg. Diat. No.
ion carefully. The correct clearly and legiply.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) Of Port Dewborn infants give residence of State Gould City or town (If outside city or town limits Street No. (If rural, give	nty
ion	How long in hospital or institution?	2.(a) If veteran, name war	
information of death cle	3. (a) FULL NAME ALV. Charles of Green	Iders.	3. (b) Social Security Number
inf s of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
n of	M & Single.	2D. DATE OF DEATH	6 1947 at 9 19 M
every item	6.(b) Name of husband or wife		ve stated; that I attended deceased from
	7. Birth date of deceased (mo., day, yr.) Oct 21 1869	Bill that I take and injurity and in the control of	A 6 th 1947
Supp	8. AGE: Years Months Days If less than one day	Immediate cause of death	f
ADING INK. Physicians: pl	9. Birthplace (Town, county, and state)	Due to Aleny,	<u> </u>
D:53	1D. Usual occupation	Due to	
ADIN	11. Industry or business Llochor		
(e	12. Name Ollest Due dess 13. Birthplace Cent Co and	Other conditions Canada Just	
WITH UNI important.	14. Maiden name Virguma Boyd 15. Birthplace Jalenskin Sud	Major findings of operations	
_	16. Informant Delles Tueldles	Autopsy results	
PLAINLY, is especially	Address 11. (Burial, cremation, or removal. (Phieby) Date thereol. (month) (day) (year)	Accident, suicide, or homicide	Date of
WRITE	Cometery or crematory Still Found	Where did injury occur? (City or town) Injured at home, farm, industry, public place (wi	
	18. Funeral director. BR Collywo	Means of Injury	Injured at work?
PLEASE	Address Still Fored Zeed 19 Oct S (Date rec'd by registrar) 19 47 Meluk Registrar	23. SIGNATURE LO	M. D. or other A Date signed 10 - 8 - 47

MARGIN RESERVED FOR BINDING

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VS A15

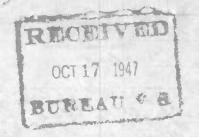
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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2411 N. Charles St., Baltimore 93d. CERTIFICATE OF DEATH

	Nog. Diet. No
1. PLACE OF DEATH: County.	2. USUAL RESIDENCE (HOME) OF DECEASED: (Por of whom infants give residence of mother)
City or town Least Maria Just Means of the City or town limits, write MURAL and give nearest town)	State Lessagylonica County & claware
How long in above place of death Advances Land Land Land Land Land Land Land Land	(If outside city or town limits, write BURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 40.27 Speciett Road
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL-NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male white married	20, DATE DE DEATH OCTABLES 12 1947 12.30
B.(b) Name of husband or wife Januthe Clark	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 45 years	
7. Birth date of deceased (mo., day, & securities) 15- 1897	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate caose of death
H 9 9 27,hrsmin.	no Medical service
9. Birthplace April Ca	Due to.
(Town, county, and atate)	
1D. Usuat occupation.	Due to Clouts Myreardities
11. Industry or business	g f
12. Name Jork C Par C	Dther conditions Many Dhus masses
	(Include pregnancy within 3 months of death)
14. Malden pamel Valley Co. Theling 15. Birthplace York Co. They	Major findings of operations.
18. Interment Dels Servelly Strilly	Autopsy results
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 40 77 Garrell Mask offered	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriar, cremstion, or removal Which?) Bate thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremstopy Misinglan	Where did injury occur?
Location Lugsh fails Na.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director & dispared telforer	Means of Injury Injured It work?
Address Millington Mil	1 × m /-11
Oct 14 To One 1.	23. SIGNATURE Track M. Done other
19. (Date rec'd by registrar)	Address Medicilosa Md Date signed 47
	INVAICAL Color colors



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09153

Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	Sizio Maryland County Kash
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
-	Street No
How long in hospital or institution?	
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sox 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white wifaed	20. DATE DE DEATH. Delotor 3/ 19.49 at 54 M
6.(b) Namo of husband or wife and the State of the State	2t. I CERTIFY that death occurred on the dato above stated: that I attended deceased from
7. Birth date of	
deceased (mo., day, or sebruscus 2/ - 1853	and that I last saw harmalivo on Calland 23
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
47 8, 10hrsmin.	Olyspel Thomband Stano
9. Birihplace (Town, county, and state)	Due to.
10. Usual occupation Therese With	
ty. Usual Uccupation.	Duell Maria Malacardetos 1940
tt. Industry or business	
12. Name Designation Underwood	Diher conditions Allandia Alfanana 1942
K A	(Include pregnancy within 8 months of death)
E 14. Malden name.	
15. Birthplace	Major findings of operations.
3 / // 1 /	Date of op
18. Informati Visita Rock of Alle Sales Sa	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 10 2 1/7	22. VIOLENCE: It death was due to external causes, till in the following;
(Buriat, cremation, or removal, Which?) Date thereof (mouth) (day) (year)	Accident, suicide, or homicide
Clastit	
Cemelery or crematory	Where did injury occur?
Location Chesterlown Ind.	Injured al home, farm, industry, public place (where?)
18. Funeral director Edgan of Sane	Means of injury Injured at work?
Address (Church Tiel md.	4 11
III Sel (a)	23. SIGNATURE M. D. er other
18. (Dath ree'd by registrar) 19. 4) Luxond Sungers Registrar	Address Kellerland - Med Dato signed 1/40

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VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTI
WITTER T TOWN	DINIL	DELAKTRERI	WI.	HEAL.

2411 N. Charles St., Baltimore

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09154

CERTIFICATE OF DEATH

Reg. Dist. No. 2 02

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Chester town	State MARY AND County Kent
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
108 N. Queen Street	Street No. OS (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME NANNIE Brice	Skipper 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tenale White Widowed	20. DATE DF DEATH OCTOBER 28 19 47 at 10 PM
B.(b) Name of husband or wife Thomas Herbert Skipper	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	April 30 19 47, 10 Oct. 28 1947
7. Birth date of deceased (mo., day, yr.) October 6. 1868	and that I last saw he - alive on October 3 5 19 47
8. AGE: Years Months Days If less than one day	Immediate cause of death
· 79 0 22	Generalized circulatory fall- 5 days
& Richalde Kent County, Md	une Chani haman didia
(Town, county, and state)	Due to Chronic myoconditis 12 years
10. Usual occupation House wife	Due to ty partensive cardio. VASCUAY 15
11. Industry or business	heart disease cardio. VASCHAN Sym
# 12 Name John Brice	Dither conditions
12. Name John Brice Kent Count Md	
14. Maiden name ANNE Elizabeth Ford	(Include pregnancy within 8 months of death)
5 0V. L/ +	Major findings of operations
I 15. Birthplace	Date of op.
16. Informant 19733 PAPPLELLE Welch	Autopsy results
Address Chestertown Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or exematory	Where did injury occur?
Location Musher Maryland	Injured at home, farm, ledustry, public place (where?)
18. Funeral director. Massing V. Williams	Means of Injury Injured at work?
Address Christerloun Maryland	005.1 11.5
not 21 11 110. 1/0.	23. SIGNATURE CKO CCK M.D. or other
(Date rec'd by registrar) (Date rec'd hy registrar) Registrar	Address Chartertown, Md. Bate signed 10-18-47

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (FIOME) OF DECEASED: (Doe newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME / Selen W Spry	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorces 1- Widowed (CA)	MEDICAL CERTIFICATION 20. DATE OF DEATH. Def. 15 19 47 at 6:00 M
6.(b) Name of husband or (Ne. L.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. L. 2.8. 19. 4.7. to Oct 1.5. 19. 4.7. and that I last saw h
May 14 8 6	Immediate cause of death Country Parentiles DURATION 2 DOGS
8. Birthpisca Gallers a Many Ce. Mid (Town, county, and state)	Due to
10. Usual occupation	Due to
12. Name anu D. Dans 13. Birthplace Success Co. Ullawan	Other conditions Chronic + acute 3 mss
14. Maiden name Josephi A. Statts 15. Birthplace / Kent Cu. Mary land	(Include pregnate withlu 8 months of desth) Major findings of operations.
18. Informant Mrs John B. Walls dught. Address Malina Kat Co. Sud.	Antopsy results
17 Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	ACCIDENT, SUICIDE, OF NOMICIDE
Cometery or cramatory Tours Delaware Location Meddle Line Delaware	Where did injury occur?
18. Funeral director. Marin II. William Address Chistulom Many Land	Means of Injury Injured at work?
19. act 18 19 47 Elizabeth J. Mulfor (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address Sale Date signed 10 - 15 - 4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 204

7	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state. Md. county Kent
City or town. Chestertown R.F.D. # 2 (If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death?	City or town Chestertown (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or stroot address whore death occurred:	Street No. R. F. D. # 2
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lottie Jane STOKES	
4. Sex 5. Color or race 6.(a) Single, marriod, widowed, or divorced	MEDICAL CERTIFICATION
female white married	10 - 0 - 112 10 0
	20. DATE OF DEATH 19.47 21.12 Q
6.(b) Name of husband or wife Walter Herbert Stokes	21. LSEPRFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Ochoborn TO TOO	and that I last saw help alive on AD St. 1845
7. Birth date of deceased (mo., day, yr.) October I2, I893	and that I last saw hallve on
8. AGE: Years Months Days It loss than one day	Immediate cause of death
53 II 27 hrs. min.	
	- 1 1 1 1
B. Birthplace Kent Co. Maryland (Town, county, and state)	Duo to.
10. Usual occupation Housewife	
	Due to.
11. Inductry or business	
Alonza P. Foreman 13. Birthplace Maryland	Other conditions of the state o
	(Include pregnancy within 8 months of desth)
質 14. Malden name Martha Hurd	
15. Birthplace Maryland	Major findings of operations.
	Date of op.
16. Informant Mr. Walter Herbert Stokes	Antopsy results
Addross Chestertown, Md. R.F.D. #2	
Punial Oat TO TOAT	22. VIOLENCE: If death was due to external causee, fill in the following:
Burial Burial (Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	Accident, suicide, or homicide
Comotory or cromatory Chester Cemetery	Where did injury occur? (City or town) (County) (State)
Location Chestertown, Maryland	tnjured at home, farm, industry, public place (where?)
1B. Funoral director. J. Willis Wells	Meons of Injury Injured at work?
Address Chestertownn Maryland	HP Graf of and
h n n n	23. SIGNATURE MJ D. or other
1 Let-10 1949 If fruits	address Chesterton Make signed 10 9 4
(Date rec'd by registrar) Registrar	Addross Signed



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09157

CERTIFICATE OF DEATH

Reg. Dist. No. 2 02

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Chichelen	State Mayland County Wast
City or town (If outside city or town limits, write RURAL and give nearest town)	Chalifor
How long in above place of death?	(If ontside city or town limits write RURAL and give nearest town)
209 N. Frank St.	Street No. LVALTA
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	. 2.(a) It veteran, nams war
Wannah Maslin	Usilton 3. (b) Social Security Number
4. \$5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male will manied	20. DATE DE DEATH Not. 23 19.47 15.20 N
9.(6) Name of husband or wife Walliam B. Weilli	21. I CERNIFF that dran occurred on the date above stated; that at and degreesed from
	I Idex and I I I I I I I I I I I I I I I I I I I
7. Birth date of	and that post say he walle on 194 20 1
deceased (mo., day, yr.) uly 20 18 79	Immediate cause of death DURATION
8. AGE: Years Manths / Days If less than one day	Lorducty 1 1 am o
68 3 3hrsmln	
9. Birthplace Ment Co. Maryland	Due to.
(Town founty, and state)	No my Balletsey News
10. Usual occupation.	Bue to Sure to
11. Industry or business of theme,	ne covers m
12. Name show Lawille Marking	Other conditions
13. Birthplace / Rest Cy. many land	
14. Malden name / Januah Ball	(Include pregnancy within 3 months of death)
5 15. Birthplace Bear Welamone	Major findings of operations.
19. Interment Alla Williams B. Worlle (15	Autopsy results.
Address Chululum Mansland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 1 /25 16.17	22. VIOLENCE: It death was due to exernal causes, fill in the following;
(Bnrial, cremation, or removal, Which?) (Bortal, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Physician Many land.	(City or town) (County) (State)
201. · V 1. V . Ol ·	Means of Injury Injured at work?
19. Funeral director	A Hara a la 1
Address Chalulan Many lend	23, SIGNITURE) all UMOMA
19. Oct 25 1947 Clus & Barnes	Quest tom mel. " Waty

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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200	Dist	No	201

	and a recommendation of the second se
1. PLACE OF DEATH: Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death? Question of the local street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Hestonthe	Etlankes 213-74-1164.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m W Suple	20. DATE OF DEATH
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	8-47 1945 to 10 Th 86 19 4
7. Birth date of deceased (mo., day, yr.) F.S. 19 1927	and that I last saw harmalive on 10-18-19
8. AGE: Years Months Days It less than one day	Immediate cause of death OURATION
20 7 29hrsmin.	Jan Sall Carlot
9. 8 Irthpiace Samelyville Klest Co med.	Maddle Manager
9. Sirinplace (Town county, and state)	Oue 1/6
10. Usual occupation.	Oue to.
11. Industry or business — + arms	***************************************
12. Name Leston Wilthanks	Other conditions
I 13. Birthplace Merch- Co med.	
14. Maiden name. Liddel Deford	(Include pregnancy within 3 months of death)
15. Birthplace Zeen anns Co and	Major findings ef eperations.
16. Informant Aleston Wilthards	Autopsy results
Address / Semsedurille rad	PHYSICIAN: Please underline the cause to which death should be charged statistically.
The state of the s	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Oate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Talena med	Injured et home, tarm, industry, public place (where?)
18. Funeral director SNR Tellous	Means of Injury Injured at work?
Address Still Hough and	Affolder
Oct 22 Meloch	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Mes els Much Date signed 10 20 47

